SALEM CITY CORPORATION
EMPLOYMENT
APPLICATION

USE TYPEWRITER OR PRINT CLEARLY IN INK.
ALL APPLICATIONS WILL BE RETAINED FOR SIX MONTHS

1. KIND OF POSITION DESIRED: _____

2. TYPE OF EMPLOYMENT ACCEPTABLE: FULL TIME ☐   PART TIME ☐   TEMPORARY ☐ _____

3. NAME: _____ / _____ / _____
             First Name   Middle Initial   Last Name

4. ADDRESS: _____
             Number   Street

             City   State   Zip Code

5. PHONE NO.:   HOME: _____   BUSINESS: _____

6. DRIVER'S LICENSE: STATE: _____   NO.: _____   COMMERCIAL: Yes ☐   No ☐

7. SOCIAL SECURITY NUMBER: _____   8. BIRTHDATE: _____ (Year Not required)

9. PROFESSIONAL OR TRADE LICENSE CERTIFICATES OR REGISTRATION:

             Kind   No.   State

10. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT IN ANY POSITION?
    NOTE: You will not be certified to any position paying less than you indicate. $_____ per month

11. HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SALEM?   No ☐   Yes ☐   If Yes give Dates: _____
                                              From   To

             Department   Position/Title

12. ARE YOU AT LEAST 16 YEARS OF AGE?   YES ☐   NO ☐

13. TYPING SPEED (RATE): _____   14. SHORTHAND (RATE) _____

15. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION?   YES ☐   NO ☐
    (If YES, explain fully on a separate sheet)

16. HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW OTHER THAN MINOR TRAFFIC OFFENSES?
    YES ☐   NO ☐   (If YES, explain fully on a separate sheet.)

EDUCATION

17. HIGH SCHOOL GRADUATE? YES ☐   NO ☐   IF NO, CIRCLE HIGHEST YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED		MAJOR SUBJECTS	CREDITS EARNED	DEGREE
TYPE	NAME & LOCATION (CITY)			
			QTR ☐ SEM ☐ HOURS	YES ☐ NO ☐ TYPE
			QTR ☐ SEM ☐ HOURS	YES ☐ NO ☐ TYPE
			QTR ☐ SEM ☐ HOURS	YES ☐ NO ☐ TYPE

RETURN TO: SALEM CITY OFFICE, 30 WEST 100 SOUTH, P.O. BOX 901, SALEM, UTAH 84653
PHONE NO.: (801) 423-2770
AN EQUAL OPPORTUNITY EMPLOYER

EXPERIENCE

18. BEGINNING WITH THE PRESENT OR MOST RECENT EXPERIENCE, ACCOUNT FOR ALL EMPLOYMENT DURING <u>THE LAST 10 YEARS</u>. IF YOU WISH TO ELABORATE ON YOUR EXPERIENCE, A SUPPLEMENTAL SHEET OR RESUME MAY BE ATTACHED, BUT THIS SECTION MUST BE COMPLETED. INCLUDE MILITARY SERVICE IF APPLICABLE.

FIRM NAME: _____ /	FULL TIME	HOUR WORKED PER WEEK:	FROM:	LENGTH OF JOB IN MONTHS:
ADDRESS: _____ /	PART TIME		TO:	LAST MONTHLY SALARY:
_____ /				
JOB TITLE: _____ /	VOLUNTEER			

DUTIES:

FIRM NAME: _____ /	FULL TIME	HOUR WORKED PER WEEK:	FROM:	LENGTH OF JOB IN MONTHS:
ADDRESS: _____ /	PART TIME		TO:	LAST MONTHLY SALARY:
_____ /				
JOB TITLE: _____ /	VOLUNTEER			

DUTIES:

FIRM NAME: _____ /	FULL TIME	HOUR WORKED PER WEEK:	FROM:	LENGTH OF JOB IN MONTHS:
ADDRESS: _____ /	PART TIME		TO:	LAST MONTHLY SALARY:
_____ /				
JOB TITLE: _____ /	VOLUNTEER			

DUTIES:

19. Salem City reserves the right to do random drug and alcohol testing. As part of my employment with Salem City, I consent to such testing.

NAME: _____   DATE: _____

20. (IF JUVENILE) I consent for my son/daughter _____ to work for Salem City in the capacity of _____. I also consent applicable drug and alcohol testing be provided.

PARENT/GUARDIAN: _____   DATE: _____

21. CERTIFICATE OF APPLICANT: (Carefully read before signing.)
    I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts in this application is cause for disqualification of the application and/or separation from employment.

_____   _____/_____/_____
Date   First Name   Middle Initial   Last Name

Last Name_____ First Name_____ Middle Name_____

Current Address _____Phone #_____

DOB_____ Social Security #_____ DL #_____

Have you ever lived outside of Utah for reasons other than Church or Military Service? YES / NO

I, _____, do hereby authorize a release of and full disclosure of all criminal history records, or any part thereof, concerning myself, by and to any duly authorized agent of Salem City, whether said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of arrest, trial and/or convictions for alleged or actual violations of law. Any information discovered may be used to consider my suitability for employment and/or volunteer work with Salem City.

I agree to indemnify and hold harmless Salem City and its elected officials, officers, employees, agents, and volunteers from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature _____   ☐ Yes, Please provide me a copy of any
                                                                                        history that may be found.

Date _____